

Effect of Mass Media Intervention on HIV and AIDS related Stigma and Discrimination in Ethiopia.

Zelalem Tesfaye Worku

Journalism and Communications Programme, Faculty of Humanities, Bahir Dar University, Ethiopia.

Email: zelalemt90@yahoo.com

Abstract

This study was conducted to examine the effect of the Betegna radio (diary-show) programme in mitigating the tide of HIV related stigma and discrimination which are considered a prominent factor that worsens the impact of the epidemic in Ethiopia. The study employed qualitative Individual In-depth Interviews and Focus Group Discussions to generate relevant qualitative data whose analysis revealed that the programme played a significant role in empowering many members of the programme's target audience with the necessary coping mechanisms against stigma and discriminations associated with HIV and AIDS. However, its effect was rather lower than expected because the programme was broadcast at an awkward time for some members of its target audience and it lacked the entertainment aspect.

Key words: *Behaviour Change, Denial, Discrimination, HIV and AIDS, Media, Stigma.*

Introduction

HIV and AIDS has become one of the tragedies of the world which threatens people of all races, sex, colour, age, creed and economic status. It presents insurmountable problems to human beings.

Even though HIV and AIDS is said to have no human and geographical boundaries, Sub-Saharan Africa has suffered more than any other region of the world such that by the end of 2011, more than 34 million [31.6-35.2 million] people were estimated to be living with HIV and AIDS worldwide. Among those, nearly two-thirds (22.9 million people) were found in Sub-Saharan Africa (UNAIDS, 2012).

Ethiopia has one of the highest HVI infection rates in Sub-Saharan Africa. HIV was first detected in 1984 and since then it has spread at a ferocious speed (Banteyerga *et al.*, 2003, MOH, 2006). Ministry of Health of Ethiopia statistics indicate that the epidemic poses a severe threat to the country as it affects the overall wellbeing of the community. According to the National Single Point Prevalence, which was estimated using the existing data from Demographic and Health Survey (DHS), the estimated national prevalence in Ethiopia stood at 2.3% with a total of 1,116,216 people with HIV and 855,720 AIDS orphan by the year 2009 (MOH, 2010). A significant numbers of people have died of AIDS in the country,

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and the epidemic is still affecting and infecting large number of citizens in the country. Consequently, it is creating a number of orphans and homeless children. It is also making elderly people helpless (Zelalem, 2010). The epidemic still presents unique challenges in terms of effecting positive behavioral change on the part of the public (EPHA, 2005; MOH, 2006). This rampant epidemic is, thus, taking its toll on life expectancy in Ethiopia and is undermining the country's effort to curb poverty (MOH, 2006). Consequently, it climbs Ethiopia's ladder of concern.

A number of factors can be attributed for the reckless prevalence rate of the epidemic in the country. HIV and AIDS related stigma and discriminations, among other factors, are potentially believed to fuel the prevalence of HIV and AIDS in the country (Kidanu and Banteyerga, 2002 cited in Banteyerga *et al.*, 2003).

It is quite evident in many part of the country that people have long been stigmatized and discriminated only because of their HIV positive status (Banteyerga *et al.*, 2003).

People also wrongly assume that HIV is a kind of punishment people received from the anger of God, Allah or whatever superpower they have for their sinful and sordid actions (Baharat *et al.*, cited in UNAIDS, 2001; Parker and Aggleton, 2002). Consequently, they are being ostracized and socially alienated. Thus, they face social agony and they are wrongly regarded as no more part of the society at large (Baharat *et al.*, cited in UNAIDS, 2001).

This fear of rejection (i.e. stigma and discrimination), would, hence, evidently force many of them to remain silent than disclosing their HIV status. It is lucid, however, that this very existence of silence and denial for fear of stigma and discrimination in the society is tolling its own significant potential in mounting the prevalence of HIV in the country (Banteyerga, *et al.*, 2003). It, therefore, sounds clear that there is an urgent need to form concerted efforts among various stakeholders which are, in one way or the other, fervently concerned with curving the magnitude of HIV related stigma and discriminations in the society with the aim to alleviate the downbeat impact of this rampant disease.

Apparently, the role of mass media in this regard remains central. Despite the fact that media were primarily blamed for its horrifying report that instigated fear about HIV and AIDS on the part of the majority, it serves as one means of addressing the prevention of stigmatizations as well as discriminations against those who are either infected or affected by the pandemic if handled and utilized carefully and properly (Banteyerga *et al.*, 2003).

Among other media intervention efforts in Ethiopia, Betegna Radio diary programme is a pioneer one to be mentioned in the effort to mitigate HIV related stigma and discriminations among the society. It tries to present a unique insight into what it really means to be HIV positive in Ethiopia. It mainly tries to address the issues of stigmatizations and marginalizations as well as the generally low perception of the severity and, individual and communal susceptibility to HIV and AIDS in Ethiopia. It showcases the diaries, real accounts, of ordinary people who want to share their experiences with listeners across Ethiopia and the world. Their stories start from their childhood and continue through to the events that led them to their present lives. It is, thus, claimed that the programme aims at addressing the array of social issues that revolve around HIV and AIDS in the modern world setting, such as risky behavior, stigma, positive living, etc (www.etharc.org). This radio programme has, thus, triggered me to critically examine whether it brings a significant difference on the part of its target public as it intends to be.

Objective of the study

The major aim of this study is to explore the impact of the Betegna radio Programme in alleviating the tide of HIV related stigma and discriminations, which are recognizably believed to have its own significant potential in mounting the prevalence of the epidemic in the society.

Research questions

To achieve this major objective, the following research questions were posed:

- 1) How far appropriate the programme is to the socio-cultural context of its target public?
- 2) How does the programme try to empower the public to overcome stigma and discrimination associated with HIV and AIDS?
- 3) How do the interest and attitude of the public towards the programme look like?
- 4) How appropriate the programme is to its target public in terms of its air time availability and its consideration of their level of understandings?
- 5) What are the potential factors (if any) that impede the programme to promote risk reducing behavior on the part of the public?

Theoretical Considerations and approaches

HIV related stigma and discrimination: an overview

Stigma and discrimination have been identified globally as main barriers to HIV control and prevention in every country and region of the world, posing threats to preventing further infections, alleviating the impact, and providing adequate care, support, and treatment (ACCHO,2006; UNAIDS, 2003; UNAIDS,2007; DFID,2007; McKee *et al.*, 2004). And it remains the most poorly understood aspects to date in the course of fighting HIV and AIDS (Parker & Aggleton, 2002). Stigma is socially constructed phenomenon and is attributed to cultural, social, and situational factor (Liamputtong, *et al.*, 2009). It represents a set of shared values, attitudes and beliefs that can be conceptualized both at cultural and individual level (Parker & Aggleton, 2002). Various Scholars and institutions working on HIV and AIDS have described HIV related stigma and discrimination in various ways but fairly with similar meanings:

HIV related stigma has been referred as the beliefs and attitudes that deeply disgrace a person or a group of individuals because of an association with HIV (DFID, 2007). This belief system leads to the worst act of discrimination, which is an action or omission related to HIV that harm and deny services or entitlement to individual or group of individuals who are associated, one way or the other, with HIV and AIDS (Liamputtong, *et al.*, 2009).

Likewise, the report of UNAIDS, (2003) also stated that HIV related stigma is the process of devaluation of people who are believed to live with or associated, one way or the other, with HIV and AIDS. HIV related stigma stems from the underlying stigmatization of sex and intravenous drug use (UNAIDS, 2003). There is also a deep rooted prejudiced thought that HIV and AIDS has got a lot to do with those social taboo topics of sex, promiscuity, sham, guilty and other sordid social issues (Goffman, as cited in Brown *et al.*, 2001; Parker & Aggleton,2002; Liamputtong, *et al.*, 2009). Thus, HIV related stigma, as many would argue, is the result of the kind of association people make between HIV and AIDS,

and pre-existing prejudices, blame and fear related to sexuality, sexually transmitted diseases, prostitutions and some other sexual deviances.

Prejudiced and stigmatized thought frequently leads people to do or not to do something which, consequently, denies services or entitlements to another person. For instance, there may be cases which they may prevent health services being used by a person living with HIV and AIDS, or terminate their employment on the grounds of their HIV status (UNAIDS, 2003; DFID, 2007). Stigma and discrimination can thus lead to depression, lack of self worth and despair for PLHA (UNAIDS, 2003).

Stigma leads to the act of discrimination, which occur when a distinction is made against the person that results in his or her being treated unfairly and unjustly on the basis of their belonging, or being perceived to belong to a particular group (UNAIDS cited in McKee *et al.*, 2004:101).

HIV-related stigma discourages people living with HIV and AIDS (PLWHA) from seeking care if they previously experienced unwelcoming treatment or if their confidentiality was not respected (UNAIDS, 2003; McKee *et al.*, 2004). In most part of Sub-Saharan Africa, those people who disclose their status often become victims of violence, either from their partner or family member or from communities where HIV is regarded with fear, stigma and denial (Campbell, 2003).

Thus, it is apparently evidenced in most cases that when stigma exists, people often prefer to ignore their real or positive HIV status. This would in turn lead to the risk of faster disease progression for themselves and also to the risk of them spreading HIV to others (UNAIDS, 2003). This very existence of fear of stigma on the part of the society can also act as a potential impediment for the high risk segments of the society to access VCT services and other HIV related care and treatment services (Parker & Aggleton, 2002). It is, thus, clear that HIV infection increases as people avoid prevention behavior and getting tested. Stigma and discrimination is, therefore, tolling tremendous costs on the lives of human beings. It particularly plays a significant devastating role on the lives of PLHA. It also exacerbates the wide spreading possibility of the epidemic at alarming rate.

Forms of HIV related stigma and discriminations

HIV related stigma and discriminations take different forms and can be manifested at different levels. It is often recognized as interrelated and multi dimensional phenomena. HIV related stigma has basically been classified in to three major forms (Thomas, 2006 cited in Liamputtong, *et al.*, 2009:2): Self Stigma, Perceived Stigma, and Enacted Stigma.

- **Self Stigma** - refers to self blame and self depreciation of those people living with HIV and AIDS.
- **Perceived Stigma**- refers to the fear that individuals have that if they disclose their HIV positive status.
- **Enacted Stigma** – occurs when individuals actively experienced discrimination by others because of their HIV status.

HIV related stigma and discriminations can also be manifested at four major levels (DFID, 2007): Physical, Social, Verbal, and Institutional.

- **Physical Stigma and Discriminations**- subsumes physical isolation and violence. It ranges from physical separation of sleeping quarters in the home to the refusal to be in physical proximity in various public gatherings.

- **Social Stigma and Discriminations-** includes social isolation, loss of identity and role, and voyeurism. People with HIV may face some sort of segregation from family, community events, and encounter loss of power and respect in the community in general. And, in effect, may lead to observable social Agony.
- **Verbal Stigma and Discriminations-** comprises insults, taunts, blame, gossip and rumors on people living with HIV.
- **Institutional Stigma and Discriminations-** refers to differential treatment with in an institution resulting in negative outcomes for the person with HIV. This may go up to losing the livelihood, employment opportunities, education and housing.

Mass Media, and HIV related Stigma and Discriminations

Mass media, among other stakeholders working on HIV and AIDS, have been forming an important ally in the march to halt HIV and AIDS (Banteyerga *et al.*, 2003; McKee *et al.*, 2004). It has been serving as a key partner in various ways with public health services through being, among other things, a key source of correct information as well as being an advocate for recommended health behavior (Chandra, 2004; McKee *et al.*, 2004; Schiavo, 2007). Because of its potential outreach in wider and harder to reach geographical areas, it is considered as a powerful connector with health communicator and their audience (Shiavo, 2009). It is particularly effective at agenda setting and contributing to the establishment of new social norms (O'sullivan, *et al.*, 2003).

According to surveys conducted in a number of countries, Mass Media are found to be the primary sources of information about HIV and AIDS (Abaynesh, cted in Nigussie, 2008; Omeora, *et al.*, 2010). For example, as one survey conducted in the United States indicates, 72% of Americans identify radio, television, and newspapers as primary sources of information about HIV and AIDS more than just their doctors, friends and families (UNAIDS, 2004). Appropriate reporting and enforcement mechanism ranging from legal aid service to hot lines for reporting acts of discriminations and violence can provide powerful and rapid means of alleviating the worst effects of HIV related ostracism (UNAIDS, 2003). Clearly, thus, one would not argue more on the enormous role of mass media if handled and utilized carefully and effectively, in educating and empowering individuals as well as the community at large to make key decisions to avoid contracting the epidemic and minimizing HIV related stigma and discriminations.

Radio, HIV related Stigma, and Discriminations

Radio, as the most pervasive medium in terms of its potential to reach out to large geographical areas as well as its capacity of being easily affordable and accessible, has been serving as the most appealing tool for participatory communication and social change (Chandra, 2004).

It still continues to be the most popular and the most widely available medium throughout the world to transmit information over wider geographical areas and to engage a significant number of geographically isolated audiences (Adam & Harford, 1999). Radio is also known to be as a well suited and appropriate medium to meet the needs of the poor and the disadvantaged; and to reach the general population as it is relatively lower in cost and it does not need any level of literacy (Kruger, 2006). It is also remarkably the only source of information for most people, especially those who are in the developing world as it has many

advantages that allow it to reach much deeper in the communities than any TV, Newspaper and Internet (Kruger, 2006; McLeesh, 2005).

Even though, currently there seem to be a high tendency of disdaining the powerful role of radio in this era of New Media, it remains to be a powerful means of communication to date even for those who do have access to other sources of information (Kruger, 2006).

Radio has also got the following major advantages (Adam & Harford, 1999:3-4):

- Radio can motivate people by building an aural/oral tradition and stimulate the imagination better than video or television.
- Radio can reach those who do not come to health facilities because of cost, distance or embarrassment. It can convey insights gained by health workers on the ground to wide audience.
- Radio can help inform people and raise awareness about a new idea, Product or service that is available.
- Radio can help create a demand for services.
- Often radio listening is a group activity which encourage discussion of educational issues after the broadcast. This is, in fact, an important stage in the process of behaviour change.

Betegna radio Programme - an ‘Oral Testimony’ (diary) show

There are actually different radio programme formats which are being used particularly on issues related to HIV and AIDS (Adam & Hanford, 1999). Oral testimony programme, which is sometimes called “reality show”, presents someone’s real life experience in a captivating and authentic tone. It is also sometimes referred to as “Radio dairy show”. It is one of the radio programme formats by which issues like HIV and AIDS, and some other pressing health issues can be treated and addressed to the public.

Someone’s real life experience can make powerful broadcasting. For example, the lives of PLHA; a commercial sex worker narrating her dilemma etc. (Adam & Hanford, 1999:43).

Among the different radio Programmes currently existing in Ethiopia, Betegna radio is the pioneer one to take a forefront lead in the country’s media effort to halt HIV related stigma and discrimination. It utilizes a dairy show radio programme format, and presents a series of self narrated stories of the everyday lives and experiences of PLHA.

Agenda setting theory of mass media

The agenda setting theory of mass media describes the very powerful influence of mass media in shaping public’s perception of an issue. It is believed to have a special ability to tell what issues are important to deal about. It is the label attributed to the ability of mass media to direct attention of the public towards certain subject which it conceives important (Davison *et al.*, 1982). McComb and Shaw (1974) cited in Griffin (2006:395) believe that “mass media have the ability to transfer salient of items from their news agenda to the public agenda.” In other words, the media can have the capacity to indicate to the public what the main issues of the day are, and influence the public to regard the issues as their main agenda (McQuail, 2005). According to McCombs (1974) cited in Griffin (2006), there are two levels of agenda setting: the first level of agenda setting is object salience, which is concerned with the transfer of an attitude object in the mass media’s picture of the world to the prominent place among the pictures in our heads. The second level of agenda setting is an attribute

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salience, which is concerned with the transfer of salience of a dominant set of attributes that the media associates an attitude object to the specific features of the image projected on the walls of our mind. Therefore, it is pretty clear that the agenda setting role of mass media is very crucial to our society, especially when it comes to pressing societal problems like HIV related stigma and discriminations to let the target audience think and discuss about it for possible collective actions.

Social Learning Theory

The social learning theory assumes that individuals learn behaviors from one another through observation, imitation and modeling. It explains how behaviors are learned in the context of interaction between observed behavior, cognitive factor and external environment. This interaction affects self-efficacy by either encouraging or discouraging the performance of a particular behavior (Bandura, 1971). For example, a person who attends a radio programme about the testimony of HIV positive diarists' day to day experiences of HIV related stigma and discrimination, and the coping mechanism they employed, may model the observed behavior because they are sufficiently attentive, and motivated, and be able to replicate the observed behavior. By testifying the jeopardy that HIV related stigma and discrimination has on their entire lives, these people influence the environment by making more salient that HIV related stigma and discrimination would further fuel the prevalence of HIV and AIDS on earth unless efforts have been made to curb it. So, listeners can take great lessons from the experience of diarists, and thus it reinforces them to make a proper adjustment to the desired change in behavior. The social learning theory, therefore, serves as a basis for such pressing societal health problems to promote the desired change in behavior on the part of the target public (Bandura, 1971).

Methodological Approaches

Study Setting and Subject of the Study

This study targeted those people in the age group of 15 to 49 years old who are residing in Bahir Dar town as study population. The major rationale for selecting this age bracket is because of the fact that it is the most sexually active age bracket, and it is also the most vulnerable age group to HIV (MOH, 2009). The other rationale to select the study site Bahir Dar is because of the fact that it is one of the leading HIV debilitated towns in the region (MOH, 2006).

The study thus identified People living with HIV (PLHA), commercial sex workers, who are listeners to the programme, as subjects of the study. The study also embodied journalists working in the programme. What is more, Betegna radio programme appears on air through Sheger FM 102.1, Dehub radio (Awassaa), Dimtsi Woyane, Radio Ethiopia, and Amhara radio. Among these media options through which it is being broadcast, this study is confined merely on Amhara radio as the aforementioned subject of the study are listeners of Betegna programme through Amhara Radio. The programme is being aired through Amhara radio on every Sunday from 7:10 am to 8:00 am.

Research Design

My readings of the literatures pertaining to the nature of my study have vividly showed me that the methodological design which is found best suited to this study is purely qualitative design in nature. Qualitative research design helps one to understand social phenomena

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from the perspective of the subject of the study (Bryman, 2004; Silverman, 2004). Unlike quantitative research design, it helps to view the world more fully through the eyes of the subject of the study. Moreover, Hann *et al.*, (2006:150) also pointed out that the objective of qualitative research design "... is to take a detailed description of people's behavior and thought to illuminate their social meaning."

Qualitative research design is, thus, believed so suitable to this particular study to explore a detailed account of the role which the Programme is playing on the part of its public in terms of reducing the significant impact of HIV related stigma and discriminations.

Data Collection Tools

Working within the framework of qualitative research design, this research work employed Focus Group Discussion and Individual in-depth Interview as particular tools to generate qualitative data to the study. In the focus group discussion, eleven groups were purposively selected, each constituting an average of six participants. The participants were selected on the basis of their shared attributes (homogeneity) which were thought to be indispensable to explore the necessary data for this study.

With the aim to further deepen, clarify and explore more insights, which this paper could not find in the FGD, this research paper also employed individual in-depth interview. Some informants were, thus, purposefully selected from the focus group discussions conducted earlier. programme producers have also been considered in the in-depth interview. All the information both in the Focus Group Discussions (FGD) and Individual In-depth Interview were gathered and tape recorded in their mother tongue (Amharic) as many of them cannot speak and listen to English language. Notes were also taken during the discussion to further strengthen the recorded material. The data then were transcribed and translated in to English. After transcribing and translating the data in to the target language (English), it was then coded thematically with careful consideration of the objective of the study. Finally, the coded data were analyzed using thematic analysis technique, and it was eventually presented in a narrative form.

Ethical considerations

As most researchers argue, ethics is the most fundamental aspect that demands careful considerations while conducting research, especially on socially sensitive issues like HIV related stigma and discriminations. Ethics in social research carefully considers issues that concern the behavior of social researchers and the potential consequence it brings to their study subject (Henn *et al.*, 2006). Ethics in social research mostly constitutes informed consent, privacy anonymity, harm, and confidentiality (Diener & Crandall, 1978, as cited in Bryman, 2004; Henn *et al.*, 2006). This study also considered all the above mentioned ethical values through to the end of this research work.

Findings

Socio-cultural Considerations

The main reason why understanding of the socio-cultural context of the target audience to be one of the major themes of this study is because of the reason that project designers and programme producers have often been criticized for expecting members of the target

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audience to adopt a behavior that cannot go with and are inconsistent with their cultural norms (McKee *et al.*, 2004). This inconsistency of the project with the socio-cultural context of the target group, as has been argued, will obviously end up with minimal or no effect at all. Thus, some informants who are believed to be highly concerned with this issue have been interviewed to witness whether the programme is well cognizant of the socio-cultural norms of the target audience. Accordingly, most of the respondent claimed that the programme is mostly designed with careful consideration of the cultural norms of target public in particular and the society in general.

In this regard, the senior producer and acting team leader of Betegna Radio programme had the following to say:

We simply produce and present people's experience pertaining to HIV and AIDS directly from the horse's mouth of those infected and affected. We do not have much room to inject our own opinion in to the story.

Similarly, most of the informants asserted that the diarists belong to their own society and they are well cognizant of the cultural norms of their own society. They further strengthen their argument that the diarists are thus not outsiders who have little knowledge about the socio-cultural norms of the society.

An HIV positive woman aged 32 who is one of the members of Tesfa Goh Association had the following to say regarding the consideration of the programme to their socio-cultural norms:

I have never heard of both Workie (the diarist) and Tirsit (producer) saying taboo words in the programme that sharply deviate from our own cultural norms.

From the above discourses, we can understand that the programme seems to be concerned to the society's cultural norms. It is largely covered and narrated by the diarists themselves who are part of the target community. The programme predominantly tries to use firsthand account of the people infected and affected and present it from the horse's mouse of the public at a grass root level. This implies that the programme prioritizes grass root level participation, rather than imposed up on and expert dictated communication approach.

As the programme predominantly involves diarists who are within the culture of the target public and as they are believed to have relatively better understanding of their own cultural norms than outsiders, then it is easy to deduce that it is less likely to commit any sort of deviances that sharply negates the socio-cultural norms of the target public. Therefore, it would not be inflated to say that the programme seems duly concerned for the cultural norms of the society, which is in fact what a well designed project on culturally sensitive issues like HIV related stigma and discrimination should always take in to account from the very onset of the programme design.

The Programme's role of Empowerment

Empowerment of the people affected and infected by HIV and AIDS is one of the major goals of the programme as empowerment is needed to be the ultimate goal of such projects to capacitate the target public to make key decision over any pressing societal problems. Participants were, thus, asked whether the programme brings any significant change in their life in terms of creating good awareness as to how they can tackle the insurmountable problems of HIV and AIDS and more specifically, HIV related stigma and discriminations.

Accordingly, most of the participants claimed that the programme plays its own significant role in their life in terms of empowering them as to how they should challenge and cope with HIV related stigma and discriminations. Many of HIV positive participants in

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the focus group discussions claimed that they used to encounter a number of horrible experiences on the grounds of their HIV status. Before they started listening to the programme, many of them could not disclose their HIV status to their family members, relatives, and neighbors for fear of encountering the agony of social stigma and discriminations. In this regard, in an in-depth interview with a woman in Tesfah Goh Association who used to work as a commercial sex worker in a Koshekosh area (a village of Commercial Sex Workers in Bahir Dar town) mentioned that she used to remain silent for more than five years to disclose her HIV positive status to any one with the fear that she will loss all her customers if she happens to disclose them that she is HIV positive. Now it has been more than three years since she started listening to Betegna radio programme. She regrets that she could have saved the lives of many if she started attending the programme earlier. Soon after she started listening to this radio Programme, as she further mentioned, she has brought a life style change in terms of developing her self esteem and taking care of others. She also further pointed out that the Programme enabled her to be open to anyone, and in return she is getting sympathy from others.

Similarly, an interviewee, who is HIV positive civil servant at Nigat Association (association of HIV positive civil servant) pointed out that he was facing severe ostracism by the community on the grounds of his HIV status. He claimed that he had been denied of such services like house rents, sharing the same toilets together; sharing the same office; and eating together. He also thought that this was an intentional attack against him. But some time after he started listening to the programme, he could understand how the diarists used to encounter social stigma, and how they overcome it. The interviewee eventually pointed out that he was able to take great lesson from the horrible experience of the diarists in the programme. As he further added, he is now publicly disclosing his HIV status and teaching about it to his colleagues.

Likewise, other respondents in a focus group discussion among youths held at Ghion hotel further strengthen the above idea that many people used to remain silent of disclosing their HIV status for fear of rejection and ostracism related to HIV and AIDS. As they further pointed out, it is evidenced in a number of cases that a husband in a family has been hiding his HIV status to his wife and vice versa for fear of divorce and other conflicts and blames in their marriages. But, the issues being addressed by Betegna radio programme is of concern to such matters, and is trying to address every one's problem.

In this regard, one of the discussants in a FGD held in Abay Madoo Family Café had the following to say:

I decided to remain silent when I was told that I am HIV Positive for the first time. I couldn't even tell it to my husband. I was rather blaming myself for catching the virus. But soon after I started listening to Betegna, I have developed self confident and could tell it to my husband in a manner he can accept it positively.

From the above assertions, we can understand that Betegna is exerting its own maximum effort to empower people affected and infected by HIV and AIDS as to how they can tackle HIV related stigma and discriminations.

Sense of belonging

Apart from its role of empowering its target audience, it is also found in this research work that the programme is able to create a sense of belongingness on the part of its target audience. Many of the participants claimed that the programme is predominantly of their own concern. They all claimed that it is the only radio programme that gives them a

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roadmap as to how they can live a healthy HIV-Positive life. Many of the participants both in FGD and individual interview believe that the programme is designed only for HIV positive people.

In this regard, an interviewee who is a member of Nigat HIV positive association had the following to say:

Betegna is like the food I eat; the medicine I take to be cured; the oxygen I inhale to survive. It is all about my life. Generally, it is of my big deal.

Similarly, an HIV positive man at Tesfa Goh Association had the following to say concerning the programme's role of creating sense of belongingness:

I have no one other than Betegna. It is more than a father, a mother, a sister and brother. It is Betegna that makes me live a healthier life and feel better about my future. I would have been died of if I couldn't entangle all my life with Betegna. I prefer missing my breakfast to missing the programme.

The above arguments vividly indicate that the programme is so powerful to create a higher level of attachment on the parts of HIV positive people in particular and its target audience in general.

Edutainment Role of the Programme

Participants were also asked to witness whether the programme has both educative and entertainment role to them. Accordingly, many of the participants both in FGD and individual interview claimed that the programme strives to have educative role but it does not seem to care for entertaining its target audience while educating. Most of them claimed that the programme lacks an entertainment touch. Discussants in a focus group discussion held at Ghion hotel claimed that the programme focuses more on educating the public. And they stressed that they could learn a lot of lessons from the programme, but the way the programme addresses those educative issues are not in an entertaining manner. In this regard, another interviewee had the following to say:

It is worthy that I can get a number of invaluable lessons from the programme. However, the way the programme addresses such educative issues are usually presented not in a manner that can ignite and hold peoples' attention through to the end of each programme.

The above assertions clearly indicate that Betegna seems less concerned for entertainment values. It predominantly aims at addressing educational issues pertinent to HIV and AIDS. It, thus, seems that the programme fails to entertain its target audience while educating them at the same time.

Appropriateness of the Programme's Broadcasting Time

It seems quite worthy in this research to consider whether the broadcasting time (air time) is convenient to the target audience or not as it would be quite none sense to worry about other issues unless the broadcasting time of the programme is of quite convenient to them. Participants, thus, were asked to point out whether the programme's broadcasting time is of convenient to them or not. Accordingly, while almost half of the respondents both in FGDs and individual interviews claimed that the programme is being broadcast in their convenient time, others, mostly those commercial sex workers, however, claimed that the broadcasting air time of the programme is not convenient for them to attend it regularly. In this regard, a discussant in a focus group discussion among commercial sex workers held around Koshekosh area had the following to say:

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The programme is being broadcasting early in the morning. Unfortunately, we usually work in the night and we get tired to wake up early in the morning. So, most of us are not be able to listen to it regularly. We can only listen to it when we could not work over night.

The above argument indicated that the programme seems less cognizant of the appropriateness of the programme's broadcasting time to commercial sex workers who are actually supposed to be the target audiences of the programme. The commercial sex workers are actually one of target groups that the programme particularly aims at. So, unless the programme producers and designers are well aware of the convenient time in which they can listen to the programme, they are losing significant number of its target audience.

The consideration of the audiences' level of understanding

It has been argued by a number of scholars in the area that a well designed and carefully produced radio programme is supposed to be well careful of the appropriateness of the programme to its target audience in terms of their level of understanding. Research participants were thus asked whether the programme is appropriate to their level of understanding so as to understand the message more fully. Accordingly, almost all of the research participants claimed that they do not have any understanding problem. They all claimed that the programme seems to be designed appropriately meet its target audience's level of understanding. In this regard, one of the focus group discussants among HIV positive civil servants at Nigat Association claimed:

The programme is actually the easiest one to comprehend as the way it is produced is well cognizant of the level of understanding of almost all of its target audience.

Similarly, another participant in a focus group discussion held at Ghion Hotel strengthen the above idea that unlike other HIV related radio programme they use to listen to, Betegna radio programme does seem to be the programme of the illiterate as everyone, regardless of educational status, can easily understand it without facing any difficulty to understand it more fully.

In this regard, the programme producer also underlined that the programme strives to employ vertical versus horizontal communication approaches so as to make the programme understandable by any of its target audience. Furthermore, an interviewee in Koshekosh area also testified the above assertions that when she started listening to the programme, she starts to feel as if she is talking with one of her friends at home while enjoying with coffee. She also added listening to the programme does mean like talking to Workie (the diarist) in person about the possible challenges an HIV positive person would face while living with other person, and its possible remedy to cope that up. From the above assertions it is lucid to deduce that the programme seems to be well cognizant of its target audience's level of understanding and is striving to make use of its level best to maintain higher level of retention on the part of its target audience.

Conclusions and Recommendations

After analyzing all the relevant data, the following conclusions have been made:

- The research vividly showed that the programme seems to be well cognizant of the cultural norms of its target audiences. As the finding showed, the programme does not seem to entertain any sort of issue as part of its programme that sharply negates with its target audiences' cultural norms. It seems to prioritize grass root level participation. As a result of this, it is found

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that there seem to be no room to address issues that are inconsistent with the cultural norms of the target society.

- With regard to the potential capacity of the programme in empowering its target audience to make key decision over tackling any HIV related stigma and discriminations, it was found out that the programme seems to strive all its level best to empower the target public with the necessary coping mechanisms. The programme, in its fight against stigma and discrimination, tries to enhance active and participatory education at the grass root level. As a result, there seem to be a glimmer of hope to realise the intended change on the part of the target public. Many have showed initiative and good start to disclose their HIV status and start to teach others. It also helps them to get VCT services as well as appropriate care and treatment. It was also revealed that it helps PLHA to take good care of others and play an active role in the fight against HIV related stigma and discriminations.
- When it comes to the potential hurdle that possibly impede the Programme to promote risk reducing behaviour, lack of appropriate broadcasting time is found to be a major problem for some of its target audience, particularly to the commercial sex workers. The programme is available every Saturday from 7 am to 8 am which is inappropriate time for many of the commercial sex workers to attend listening to it as many of them will be in deep sleep after working for the whole night. So, it seems that less attention has been given to the appropriateness of its broadcasting time to commercial sex workers as potential target audience.
- The other important thing which was revealed under this study is that the programme seems to be duly concerned and stick to the educational aspects of addressing the issue of stigma and discriminations associated with HIV and AIDS. It seems to be less concerned with the entertainment aspects of addressing the aforementioned pressing social concern.
- Based on the findings of the study, the following recommendations have been suggested to be taken as integral parts of the programme so as to effectively realize its goal as it intends to be:
- The programme should employ Entertainment-Education as a strategy to address issues of HIV related stigma and discrimination. The intervention should employ both entertainment and education as critical means to address the issue.
- The programme should also be considerate of the appropriate broadcasting time which invites all of its target audience to attend the programme with careful attention.

References

ACCHO, (2006).

HIV and AIDS Stigma, Denial, Fear and Discrimination. Experiences and Responses of People from Africa and Caribbean. Ontario: University of Ontario (Council on HIV and AIDS in Ontario).

Adam, G. & Harford, N. (1999).

Peer Reviewed

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- THE ESSENTIAL HANDBOOK, Radio and HIV and AIDS: Making a Difference. A guide for Radio Practitioners, Health Workers and Donors. Geneva: Media UNAIDS and Action International Publication.
- Bandura, A. (1971).
Social Learning Theory. New York: General Learning Press.
- Banteyerga *et al.*, (2003).
Exploring HIV and AIDS Stigma and Related Discrimination in Ethiopia: Causes , Manifestations , Consequences and Coping Mechanisms. Addis Ababa, Ethiopia: Miz-Hasab Research Center.
- Bharat *et al.*, (2001).
HIV and AIDS Related Discrimination, Stigmatization and Denial. UNAIDS Best Practice Collection, India.
- Brown *et al.*, (2001).
Intervention to Reduce HIV and AIDS Stigma: What have we learned? Horizon Programme. Tulane University, Louisiana.
- Bryman, A. (2004).
Social Research Method. (2nd Ed.). Oxford: Oxford University Press
- Campbell, C. (2003).
LETTING THEM DIE. Why HIV Prevention Programmes often fail. Oxford: James Currey Bloomington: Indiana University Press. Cape town.
- Chandra, R. (2004).
Communication, Media and Society. Delhi: Chawla Offset Press.
- Davison *et al.*, (1982).
Mass Media System and Effects.
(2nd Ed.). New York: CBS College Publishing.
- DFID, (2007).
Taking Action against HIV, Stigma Document and Supporting Resources.
- EPHA, (2005).
Determinants of Behavioural Change in HIV and AIDS and IEC-BCC Approach for Rural Ethiopia. Addis Ababa, Ethiopia.
- Griffin, E.(2006).
First Look at Communication Theory. (6th Ed.). Boston: McGraw Hill
- Henn *et al.*, (2006).
Social Research. London: SAGE Publications.
- Kruger, F.(2006).
Radio Journalism Toolkit. Johannesburg, South Africa: STE Publisher
- Liamputtong *et al.*, (2009).
HIV and AIDS, Stigma and AIDS Support Groups: Perspective from Women Living with HIV and Aids in Central Thailand. Social Science and Medicine, Special Issue: Women, Mothers and HIV Care in Resource Poor Settings.
- McKee *et al.*, (2004).
Strategic Communication in the HIV and AIDS Epidemic, New Delhi: Sage Publication.
- McLeish, R. (2005).
Radio Production (5th Ed.) Dublin: Focal Press
- McQuail, D. (2005).
Mass Communication Theory. (5th ed.). London: Sage Publication

Peer Reviewed

- MOH, (2006).
Behavioral Surveillance Survey (BSS). Ethiopia- Round Two. Addis Ababa, Ethiopia
- _____(2009).
AIDS in Ethiopia.9th Report. Addis Ababa, Ethiopia.
- _____(2010).
Social Mobilisation for Prevention and Control of HIV and AIDS. Behavioral Change Communication (BCC) Material Development Guideline., Addis Ababa, Ethiopia.
- Niggusie, T.(2008). Communication for Social Development: An Overview and Ethiopian Experience. PMC- Ethiopia.
- O' Sullivan *et al.*, (2003).
A Field Guide to Designing a Health Communication Strategy. Baltimore MD: John Hopkins University, Bloomberg School of Public Health, Center for Communication Programme.
- Parker, R. & Aggleton, P. (2002).
HIV and AIDS Related Stigma and Discrimination: a Conceptual Framework and an Agenda for Action: Population Council.
- Schiavo, R. (2002).
Health Communication. From Theory to Practice. San Francisco: Jossey – Bass
- Silverman, D. (2004).
Qualitative Research: Theory, Method and Practice (2nd ed.). London: SAGE Publication
- UNAIDS,(2003).
Fact Sheet. Stigma and Discrimination
- _____(2004).
Media, HIV and AIDS, available at <http://www.unaids.org>
- _____(2009).
World AIDS Day Report, available at <http://www.unaids.org>
- UNAIDS, (2012).
World AIDS Day Report. Core Epidemiology Slides.
- Zelalem, T. (2010).
Media Communication Campaign in Promoting Free Public Discussion, Dialogue and Debate on HIV and AIDS and Sexuality related Issues: the Case of Amhara Radio. Unpublished MA (Journalism) thesis, Addis Ababa University, Ethiopia.